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Bib Data Sheet

CONFIRMATION NO. 5816

<b>SERIAL NUMBER</b> 09/852,988	<b>FILING DATE</b> 05/10/2001 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3739	<b>ATTORNEY DOCKET NO.</b> SBC1022US	
<b>APPLICANTS</b> Dong Shin, Poway, CA; Vincenzo Cassolaro, Saluggia, ITALY; Andrea Mariotto, Torino, ITALY;					
<b>** CONTINUING DATA *****</b> <i>None JB</i>					
<b>** FOREIGN APPLICATIONS *****</b> ITALY TO2000A000692 07/11/2000 <i>OK JB</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/07/2001</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>James S. DeMarco JB</i> Acknowledged <i>Examiner's Signature</i> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 40	<b>INDEPENDENT CLAIMS</b> 6
<b>ADDRESS</b> POPOVICH & WILES, P.A. IDS Center, Suite 1902 80 South 8th Street Minneapolis, MN 55402					
<b>TITLE</b> Process for coupling an angioplasty stent to a corresponding insertion element, and kit thus formed					
<b>FILING FEE RECEIVED</b> 1440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		